

[Management Company Name and Address]

**ZERO INCOME HOUSEHOLD AFFIDAVIT**

**For:** (Applicant) \_\_\_\_\_

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Circle Y (yes) or N (no) for each statement. Do you receive:

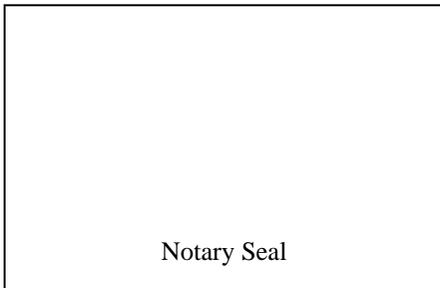
- Y N 1. Employment income.
- Y N 2. Income from any source such as, **but not limited to**, Mary Kay, Avon, Amway or any other self-employment venture.
- Y N 3. Income from social security, public assistance, unemployment compensation, or any other agency.
- Y N 4. Regular recurring gifts from any person or agency.
- Y N 5. Income from any other source.

- 1. How will you pay the rent and utilities? \_\_\_\_\_
- 2. How will you pay for food and clothes? \_\_\_\_\_
- 3. How will you pay for medical expenses? \_\_\_\_\_
- 4. How will you pay for your transportation expense? \_\_\_\_\_

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Signature of Application/Tenant: \_\_\_\_\_

Date: \_\_\_\_\_



Sworn to and subscribed before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_